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SERIAL NUMBER 10/657,521	FILING DATE 09/08/2003 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. AIJ-001
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APPLICANTS

Anne Marie Chalmers, Osprey, FL;

** CONTINUING DATA ***** *None*

** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/05/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 8
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Verified and Acknowledged

Examiner's Signature *ST* Initials

ADDRESS

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TITLE

Medication delivery device

FILING FEE RECEIVED 585	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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